Self-Esteem as a Bodily State

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⭐ SELF-ESTEEM AS A BODILY STATE: MORE THAN A THOUGHT

Self-Esteem as a Bodily State: More Than a Thought

Self-esteem is not a thought, but a bodily state. Many people believe self-esteem is a thought such as *"I am good enough."* In reality, self-esteem is a physical condition expressed in the chest, the breath, the nervous system, and the abdominal core.

🛡️ The Bodily Reaction to Early Wounds of Self-esteem

When self-esteem is wounded early, the body changes automatically. Research in trauma neuroscience (Porges, 2011; van der Kolk, 2014) shows that the sternum becomes hard or narrow, the diaphragm tightens, the chest collapses forward, breathing becomes shallow, and the pelvis loses stability. The body expresses what the soul could not say.

1. The Sternum: the Heart's Armour

The sternum protects the heart and lungs. With insufficient emotional safety, the sternum hardens unconsciously: the chest becomes armour. Shoulders drop in self-protection. Pressure appears as emotional fear manifests as muscular tension. Early wounds make closeness difficult because the ribcage remains blocked.

2. The Diaphragm: a Storehouse of Shame and Fear

The diaphragm stores shame, fear, insecurity, and loss of bonding. Somatic psychology (Levine, 1997; Lowen, 1975) confirms that a tense diaphragm is linked to shallow breathing, solar-plexus pressure, restlessness, and the message *"I must not fail."* The diaphragm is the muscle of basic trust. When blocked, safety cannot be felt.

👪 The Formation of Self-esteem During Childhood

Attachment theory (Bowlby, 1969) shows that childhood shapes self-esteem.
An absent or distant father leaves insecurity, overcontrol, chest rigidity, and the belief *"I must perform or I fall."*
A critical mother generates shame in the diaphragm, fear of mistakes, and perfectionism as protection.

Emotional instability—noise, conflict, coldness—produces withdrawal, armour, fear of closeness, and chronic tension. Praise only for performance instils the message *"I have worth only when I function."* Lack of warmth makes the body say: *"I am alone. I must protect myself."*

🚨 Symptoms of Self-esteem Wounds in Adulthood

In adulthood, early wounds reappear physically (sternum pressure, shallow breath, pelvic tension), emotionally (fear of closeness, self-doubt), and behaviourally (perfectionism, exhaustion, over-adaptation).

The body forms a system of protection:
the chest shields the heart,
the diaphragm defends against fear,
the pelvis signals safety.
When one subsystem collapses, self-esteem collapses.

💔 Early Loss of the Mother: the Deepest Wound

Among early traumas, maternal loss is the most deeply documented (Schore, 2003; van der Kolk, 2014).
A child does not think *"My mother has died,"* but *"The love that held me no longer exists."*

Effects on the Sternum

The sternum tenses because the heart is unprotected.
Shoulders collapse as chronic withdrawal.
Breath becomes restricted.
Closeness becomes dangerous because early closeness meant pain.

Effects on the Diaphragm

The diaphragm stores existential fear, bonding anxiety, and abandonment shock.
The message becomes: *"The world is not safe."*

Effects on the Pelvis and Sacrum

The mother is the child's first ground (Schore, 2012).
When she dies, the pelvis tightens, the sacrum hardens, posture becomes unstable, and the lower spine carries fear.
Later this becomes lower-back pain, insecurity, and deep doubt.

🧠 **Psychological Consequences and Internal Messages**

Maternal loss produces heightened sensitivity, fear of closeness, fear of loss, over-responsibility, and difficulty expressing needs.

Internal messages become:
"I am alone."
"I must fight."
"I must not open."
"I don't know if I'm loved."

🧠 **Neurological Reorganisation After Maternal Loss**

Developmental neuroscience shows that early maternal loss restructures the entire nervous system (Porges, 2011; Schore, 2003).

1. Loss of the External Regulator

A child cannot self-soothe (Bowlby, 1969).
The mother's voice, heartbeat, breath, and touch regulate the nervous system.
Without her, chronic dysregulation arises.

2. Permanent Polyvagal Collapse

Loss triggers sympathetic activation + dorsal vagus shutdown (Porges, 2011):
fight, flight, freeze, or collapse.
These patterns become permanent.

3. Diaphragm Shock

The diaphragm freezes, breath shortens, the solar plexus collapses, storing shame and panic.

4. Sternum Closure

Front armour forms. Shoulders pull forward. The heart learns: closeness = danger.

5. Pelvis Loses Ground

Chronic tension in sacrum and lumbar region emerges as the body loses safety.

6. Cortisol Flood

Maternal loss causes chronic cortisol elevation (van der Kolk, 2014):
hypervigilance, impulsivity, sleep problems.

7. Bonding Systems Collapse

Bonding fear, over-adaptation, and suppression of needs become lifelong patterns.

8. The Body Becomes a Survival Body

Adapted not for rest or creativity, but for vigilance and protection.

⚔️ The Death of the Father — and the Dominant Father with a Servant-role Mother

When the Father Dies: Collapse of the Axis

The mother is bonding; the father is direction.
When he dies, the child loses axis, not ground.

Sternum

Hardens from premature responsibility: *"Now I must be strong."*

Diaphragm

Tightens with performance pressure: *"I cannot fail."*

Pelvis and Sacrum

Lose direction rather than safety:
“I must hold what is missing.”

This is not collapse trauma—it is overload trauma.

When the Father Dominates — and the Mother Serves

A dominant father creates silence; the mother’s submission becomes the child’s template for identity.

Sternum

Absorbs invisible blows: irony, judgement, control.
Armours inwardly to protect from humiliation.

Diaphragm

Stores shame and fear of displeasing:
“I must not disturb.”
“I must not shine.”

Pelvis and Sacrum

Lose balance: a world without centre.

Internal Messages

“I must not be seen.”
“Power is dangerous.”
“My voice creates problems.”

🧩 Comparison

Mother’s death: loss of ground, frozen diaphragm, unstable pelvis.
Father’s death: loss of direction, duty-armoured sternum, overloaded identity.
Dominant father: loss of balance, shame-filled diaphragm, adaptive identity.

🌱 The Path to Healing

Healing involves:

- opening the chest,
- releasing the diaphragm,
- stabilising the pelvis,
- restoring safe bonding (Schore, 2012),
- somatic trauma work (Levine, 1997; van der Kolk, 2014).

Low self-esteem is not a character flaw.
It is a **bodily memory** of what was missing, lost too soon, forbidden, or unspeakable.

A soft sternum is courage.
A free diaphragm is trust.
A stable pelvis is identity.
A calm breath is self-esteem.

"The body does not forget, but it learns."

📚 References

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